

# WRECKING OR REMOVAL PERMIT APPLICATION

<b>PERMIT NUMBER</b> <b>WRK</b> _____ - _____	<b>DROPOFF #</b> _____
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<b>A. ADDRESS:</b> _____ NUMBER N-S-E-W    STREET NAME    SUITE/BLD#  IF THIS BUILDING HAS MULTIPLE ADDRESSES:  LOWEST NUMBER _____ HIGHEST NUMBER _____	<b>M. EXISTING USE OF STRUCTURE:</b>  ____ 1) MULTI-FAMILY    ____ 2) NON-RESIDENTIAL ____ 3) 1 FAMILY DWELLING    ____ 4) 2 FAMILY DWELLING																								
<b>B. OWNER OR LEASEE OF PROPERTY WHERE THE WRECKING IS TO BE ACCOMPLISHED:</b>  NAME _____  ADDRESS _____ NUMBER    N-S-E-W    STREET NAME  CITY                                  STATE                                  ZIP CODE  TELEPHONE NUMBER: (_____) _____-_____ <b>C. EXISTING ZONING</b> _____	<b>N. WILL THE SLAB REMAIN?</b> ____ YES    ____ NO  SLAB USE: _____  LIST OTHER PORTIONS OF STRUCTURE/SITE TO REMAIN: _____ _____																								
<b>D. REGIONAL CENTER:</b> ____ YES    ____ NO  <b>HISTORIC DISTRICT:</b> _____  <b>COA/PETITION#:</b> _____	<b>O. UTILITY DISCONNECT LETTERS</b>  <table style="width: 100%;"> <tr> <td style="width: 60%;">Electrical</td> <td>____ yes</td> <td>____ no</td> <td>____ n/a</td> </tr> <tr> <td>Telephone</td> <td>____ yes</td> <td>____ no</td> <td>____ n/a</td> </tr> <tr> <td>Gas</td> <td>____ yes</td> <td>____ no</td> <td>____ n/a</td> </tr> <tr> <td>Water</td> <td>____ yes</td> <td>____ no</td> <td>____ n/a</td> </tr> <tr> <td>In-House Disconnects</td> <td>____ yes</td> <td>____ no</td> <td>____ n/a</td> </tr> <tr> <td>Sewer Capping Permit</td> <td>____ yes</td> <td>____ no</td> <td>____ n/a</td> </tr> </table>	Electrical	____ yes	____ no	____ n/a	Telephone	____ yes	____ no	____ n/a	Gas	____ yes	____ no	____ n/a	Water	____ yes	____ no	____ n/a	In-House Disconnects	____ yes	____ no	____ n/a	Sewer Capping Permit	____ yes	____ no	____ n/a
Electrical	____ yes	____ no	____ n/a																						
Telephone	____ yes	____ no	____ n/a																						
Gas	____ yes	____ no	____ n/a																						
Water	____ yes	____ no	____ n/a																						
In-House Disconnects	____ yes	____ no	____ n/a																						
Sewer Capping Permit	____ yes	____ no	____ n/a																						
<b>E. CATEGORY OF WRECKING:</b>  ____ 1) DEMOLITION    ____ 2) REMOVAL / RELOCATION	<b>Q. Is this a City of Indianapolis ordered demolition?</b>  ____ YES    ____ NO																								
<b>F. ADDRESS OF PROPOSED RELOCATION:</b>  _____	<b>R. TYPE OF LICENSE REQUIRED:</b>  ____ 1) 50 FT. AND UNDER --- <b><u>TYPE C</u></b> ____ 2) 51 FT. TO 75 FT. ----- <b><u>TYPE B</u></b> ____ 3) 75 FT. AND OVER ----- <b><u>TYPE A</u></b>																								
<b>G. HEIGHT OF STR:</b> _____	<b>S. CONTRACTOR / APPLICANT INFORMATION:</b>  IF A CONTRACTOR HAS BEEN OR WILL BE HIRED TO DO THE WORK FOR WHICH THIS PERMIT IS REQUESTED, HE / SHE MUST BE LISTED/LICENSED IN MARION COUNTY AND MUST COMPLETE AND SIGN THIS SECTION:  BUSINESS NAME: _____  TELEPHONE NO. (____) _____ FAX (____) _____  BUSINESS LICENSE NUMBER: _____  INDIVIDUAL LICENSE NUMBER: _____																								
<b>H. NUMBER OF STORIES:</b> _____	<b>I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE</b>  NAME (PRINT): _____																								
<b>I. GROUND FLOOR AREA:</b> _____	_____ Signature of Applicant																								
<b>J. TYPE OF WALL BEARING CONSTRUCTION:</b>  ____ 1) CONCRETE                                  ____ 2) ENGINEERED ____ 3) POST AND BEAM                                  ____ 4) MASONRY ____ 5) STEEL    ____ 6) WOOD FRAME	_____ Date																								
<b>K. TYPE OF STRUCTURE:</b>  ____ 1) ACCESSORY                                  ____ 2) ADDITION ____ 3) ADDITION TO ACCESSORY STRUCTURE ____ 4) ADDITION TO PRINCIPAL STRUCTURE ____ 5) PRINCIPAL    ____ 6) SPECIALIZED/UNIQUE																									
<b>L. NUMBER OF UNITS:</b> _____																									

## Record Titleholder Authorization Statement

**The undersigned hereby state under the penalties for perjury that they are the titleholder of the herein-described premises located at \_\_\_\_\_ and have appointed**

ADDRESS

\_\_\_\_\_ (our) agent and that he is authorized

**CONTRACTOR**

**to raze the structure described herein. This statement is made to induce the Administrator of the Department of Code Enforcement to issue a Wrecking Permit.**

**TITLEHOLDER'S SIGNATURE**

**DEPARTMENT OF CODE ENFORCEMENT**  
**1200 Madison Ave, Suite 100**  
**INDIANAPOLIS IN 46225**  
**PHONE: (317) 327-8700**  
**[www.indy.gov/permits](http://www.indy.gov/permits)**